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Bib Data Sheet

CONFIRMATION NO. 8295

SERIAL NUMBER 10/810,560	FILING DATE 03/29/2004 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 1305-01
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>N. Isa</u> RTT Examiner's Signature Initials	STATE OR COUNTRY CANADA	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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TITLE
 Endocervical curettings receiver

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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